### **FORM D**

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES TO SECU UNIFORM LIMITED OFFERING EXEMPTION

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		OMB AP	PROVAL						
	OMB Nur	nber:	32	35-0076					
	Expires:		April 30	), 2008					
Mal	Estimate	d average b	urden						
8	hours per response								
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	Pregy			Serial					
3		ı	1						
		DATE R	ECEIVED						
		- 1	1	i					

Name of Offering ( check if this is an amendment an	d name has changed, and indicate change.)	
Convertible Debentures		
Filing Under (Check box(es) that apply):  Rule 504	☐ Rule 505	Section 4(6) ULOE
Type of Filing: New filing  Amendment	<u> </u>	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer.		
Name of Issuer ( check if this is an amendment and n	ame has changed, and indicate change.)	
VantagelLM, Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3452 East Foothill Blvd., Suite 300, Pasadena, CA 911	07	626-737-6880
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Asso Code)
(if different from Executive Offices)	,	
Brief Description of Business	PROCESSED.	
	THE SECOLD!	1 (4 U II) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Lender management software and consulting	ADD G coop N	
Type of Business Organization	MIN 30 5008 //-/ /	08047216
	nited partnership, already formed \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	(please s
business trust lim	nited parther(h) MS(e) PTDE   TEDC	
	Month	
Actual or Estimated Date of Incorporation or Organization	on: <u>09</u> <u>2004</u>	Actual Estimated
Jurisdiction of Incorporation of Organization: (Enter two	p-letter U.S. Postal Service abbreviation for State:	DE
	da; FN for other foreign jurisdiction)	

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who are to respond to the collection of information contained in this form are

SEC 1972 (6-02)

not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>	•
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10 the issuer;</li> </ul>	0% or more of a class of equity securities of
Each executive officer and director of corporate issuers and of corporate general and managing particles.	artners of partnership issuers; and
Each general and managing partner of partnership issuers.	
	rector
Check Dox(cs) that Apply.   Trothold Denomination 22 Excessive officer 23 Ex	Managing Partner
Full Name (Last name first, if individual)	
Yuan, Robert  Business or Residence Address (Number and Street, City, State, Zip Code)	
Business of Residence Address (Number and Street, City, State, Zip Code)	
3452 East Foothill Blvd., Suite 300, Pasadena, CA 91107	
	irector General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Tt. Donate	
Lin, Dennis  Business or Residence Address (Number and Street, City, State, Zip Code)	<u>,                                      </u>
Business of Residence Address (Number and Street, City, State, 21p Code)	
3452 East Foothill Blvd., Suite 300, Pasadena, CA 91107	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Di	rector General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Dudley, Thomas	
Business or Residence Address (Number and Street, City, State, Zip Code)	<del></del>
Daniels of Residence Hearton and Street, Chy, State, Esp Code)	
3452 East Foothill Blvd., Suite 300, Pasadena, CA 91107	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ D	irector General and/or
	Managing Partner
Euli Nome (Least name First (Cindividual)	
Full Name (Last name first, if individual)	
Reich, Steve	
Business or Residence Address (Number and Street, City, State, Zip Code)	
3452 East Foothill Blvd., Suite 300, Pasadena, CA 91107	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ D	irector
	Managing Partner
Full Name (Last name first, if individual)	
Tun Pane (Das name 115), It morrowary	
Vanderlip, Henrik	
Business or Residence Address (Number and Street, City, State, Zip Code)	
3452 East Foothill Blvd., Suite 300, Pasadena, CA 91107	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ D	irector General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Structured Automotive Management Solutions, LLC  Business or Residence Address (Number and Street, City, State, Zip Code)	
business of Residence Address (Number and Street, Only, State, Zip Code)	
3452 East Foothill Blvd., Suite 300, Pasadena, CA 91107	
(Use blank sheet or copy and use additional copies of this sheet, as nec	essary.)

A. BASIC IDENTIFICATION DATA										
2. Enter the information requested for the following:										
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of</li> </ul>										
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or the issuer;</li> </ul>	nore of a class of equity securities of									
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners</li> </ul>	of partnership issuers; and									
Each general and managing partner of partnership issuers.										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director	☐ General and/or Managing Partner									
Full Name (Last name first, if individual)										
Andy Wilson										
Business or Residence Address (Number and Street, City, State, Zip Code)										
3452 East Foothill Blvd., Suite 300, Pasadena, CA 91107										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	☐ General and/or Managing Partner									
Full Name (Last name first, if individual)										
Kyle Murphy										
Business or Residence Address (Number and Street, City, State, Zip Code)										
3452 East Foothill Blvd., Suite 300, Pasadena, CA 91107										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner									
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
2.5.1.5.2.4										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	General and/or									
Circle Box(cs) that Appriy. [1] Fromoter [1] Beneficial Owner [1] Executive Officer [1] Bricecon	Managing Partner									
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Business of Residence Address (Number and Street, Oily, State, Dip Gode)										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	☐ General and/or									
Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer Director	Managing Partner									
Full Name (Last name first, if individual)										
Tuli Name (East name 105t, it individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Business of residence Address (Number and Buser, Sity, State, 21p Gode)										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	☐ General and/or									
Second of the Approximation of Second of the	Managing Partner									
Full Name (Last name first, if individual)	<u>.</u>									
Business or Residence Address (Number and Street, City, State, Zip Code)										
(Use blank sheet or copy and use additional copies of this sheet as necessary	)									

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	B. INFORMATION ABOUT OFFERING													
1.	Has the	e issue	r sold, or	does the is	suer intend	··-							Yes	No ⊠
					Ans	wer also in	Appendix,	, Column 2	2, if filing	under UL	OE.			
2.	What is	s the m	inimum i	nvestment	that will be	e accepted f	rom any in	dividual?.		•••••			<u>Issuer'</u> Yes	s Discretion No
3.	Does th	ne offe	ring perm	it joint ow	nership of a	a single uni	t?							
4. E.:11	sion or to be lis list the or deale	simila sted is name e er, you	r remuner an associ of the bro may set	ration for so ated person ker or deal	olicitation on a service of a service of a service of the contraction	son who ha of purchase of a broker of than five ( for that bro	rs in conne or dealer re 5) persons	ection with gistered w to be liste	sales of s	ecurities i C and/or	n the offer with a stat	ing. If a pe or states	person ,	
run	Name (	Last II	anie msi,	ii iildividu	iai)									
Bus	iness or	Reside	ence Add	ress (Numb	er and Stre	et, City, St	ate, Zip Co	ide)						
Nan	ne of As	sociate	ed Broker	or Dealer			·	-	<del> </del>					
State	es in wh	ich Pe	rson Liste	d Has Soli	icited or Int	tends to Sol	icit Purcha	sers						
(Ch	eck "All	States	or chec	k individua	al States	***********							🗖 All Stat	es
[AL [IL] [M] [RI]	[I] [N] [T	.K] N] IE] C]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full	Name (	Last n	ame first,	if individu	ial)		••• ··•	<u>-</u>						
Bus	iness or	Reside	ence Add	ress (Numb	er and Stre	eet, City, St	ate, Zip Co	xde)		•				
Nan	ne of As	sociate	ed Broker	or Dealer							<u> </u>			
Stat	es in wh	ich Pe	rson Liste	d Has Soli	cited or Int	tends to Sol	icit Purcha	sers						
													🗖 All Stat	es
[AL (IL) [MT (RI)	[I] [N] [T	.K] N] [E] C]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full	Name (	Last n	ame first,	if individu	al)								· · · · · · · · · · · · · · · · · · ·	
Bus	iness or	Reside	ence Add	ress (Numb	per and Stre	eet, City, St	ate, Zip Co	de)			•			
Nan	ne of As	sociate	ed Broker	or Dealer			· · · · · · · · · · · · · · · · · · ·				•			
State	es in wh	ich Pe	rson Liste	ed Has Soli	cited or Int	tends to Sol	icit Purcha	sers		· ·				
(Cho	eck "All	States	" or chec	k individua	al States			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			🗖 All Stat	es
(AL [IL] [MT [RI]	11] N] ['	.K] v] iE] C]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	s	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ <u>1,946,150.00</u>	\$ <u>1,946,150.00</u>
	Partnership Interests	\$	s
	Other (Specify)	\$	\$
	Total	\$ <u>1,946,150.00</u>	\$ <u>1,946,150.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Aggregate Number	Dollar Amount
		Investors	of Purchases
	Accredited Investors	50	\$ <u>1,946,150.00</u>
	Non-accredited Investors	<del></del>	\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the user, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		D. II.
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A	<del></del>	\$
	Rule 504		s
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	$\boxtimes$	\$5,000.00
	Accounting Fees		\$
	Engineering Fees		<b>s</b>
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (Identify)		s
	Total	$\boxtimes$	\$ <u>5,000.00</u>

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C Question and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted proceeds to the issuer."	gross	\$ <u>1,941,150.00</u>
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.	e	
adjusted gross proceeds to the issuel set form in response to 1 air C - Question 4.0. above.	Payments to Officers Directors, & Affiliates	Payments to Others
Salaries and fees	] <b>s</b>	<u> </u>
Purchase of real estate	S	<b>\$</b>
Purchase, rental or leasing and installation of machinery and equipment	]	<b>S</b>
Construction or leasing of plant buildings and facilities	\$	<u> </u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).	l \$	□ \$
Repayment of indebtedness	\$	□ s
Working capital	\$ <u>1,941,150.00</u>	□ \$
Other (specify):	] \$	□ s
Column Totals	\$ <u>1,941,150</u>	⊠ \$ <u>0</u>
Total Payments Listed (column totals added)	<b>⊠</b> \$ 1.	941,150.00

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5.

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	rrijr K	A		

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written Request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

		<u></u>
Issuer (Print or Type)	Signature	Date
VantagelLM, Inc.		April 7, 2008
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Robert Yuan	President	
	<del></del>	

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

-		E. STAT	TE SIGNATU	RE					
1.	Is any party described in 17CFR 230.262 present of such rule?		Yes	No ⊠					
		See Appendix, Co	olumn 5 for state	e response.					
2.	The undersigned issuer hereby undertakes to fur (17 CFR 239.500) at such times as required by s	•	dministrator of a	any state in which this notice is filed, a	notice on I	Form D			
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	The undersigned issuer represents that the issue Offering Exemption (ULOE) of the state in whi exemption has the burden of establishing that the	ich this notice is fil	led and understa	nds that the issuer claiming the availabi					
	e issuer has read this notification and knows the co y authorized person.	contents to be true a	and has duly cau	sed this notice to be signed on its behal	f by the un	dersigned			
Issu	uer (Print or Type S	Signature	177	Date					
Vai	ntagell.M, Inc.	100	1-1	April 7, 2008					
Nai	me (Print or Type) T	Fitle (Print of Type	) /						
Rol	bert Yuan P	President	/						

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 4 5 2 3 Disqualification Intend to sell under State ULOE To non-Type of security (if yes, attach accredited and aggregate Type of investor and explanation of Investors in offering price amount purchased in State waiver granted) State offered in state (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Non-Accredited Accredited Yes No Yes Amount Amount State No Investors Investors AL ΑK AZ AR X **Convertible Debentures** 31 \$1,057,400 0 0 X CA (\$1,057,400)  $\mathbf{CO}$ X **Convertible Debentures** 7 \$450,000 0 0  $\mathbf{X}$ CT(\$450,000) X **Convertible Debentures** 1 \$100,000 X DE (\$100,000) DC Convertible Debentures X X 1 \$75,000 0 0 FL (\$75,000) **GA** HI ID IL IN IA Convertible Debentures \$3,750 0 0 X 1 KS

\$25,000

0

X

X

KY LA ME MD

MA

MI MN MS MO (\$3,750)

Convertible Debentures

(\$25,000)

	APPENDIX											
1	2		3		4			5				
	Intend to sell to non- accredited investors in State (Part B-Item 1)		to non- accredited investors in  Type of security and aggregate offering price		and aggregate offering price offered in state	Type of investor and Amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State MT	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No			
NE												
NV		X	Convertible Debentures (\$25,000)	1	\$25,000	0	0		X			
NH												
NJ		X	Convertible Debentures (\$45,000)	2	\$45,000	0	0		Х			
NM				,		1						
NY		Х	Convertible Debentures (\$115,000)	4	\$115,000	0	0		Х			
NC		X	Convertible Debentures (\$50,000)	1	\$50,000	0	0		X			
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Foreign: \$0

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